



# National Center for Mental Health

## NOTICE OF AWARD

October 17, 2022

### **KIPSON PHARMACEUTICAL TRADING**

Rm. 303 SAGA Centre,  
#62 Scout Chuatoco St., Roxas District,  
Quezon City  
Tel No.: +63 8735-2633; +63 917-1283840  
Email: kipsonpharmatrading@gmail.com

Sir / Madam:

Please be advised that based on the results of the Public Bidding conducted by the National Center for Mental Health for the **Supply and Delivery of Drugs and Medicines (Additional) CY 2022**, the following list of items is hereby awarded to your company:

NO.	ITEM DESCRIPTION	ITEM CODE	QTY	UOM	UNIT PRICE	TOTAL PRICE
1	Adenosine 3 mg/ml, 2ml vial Origin: <i>India</i>	DMA22-25	100	Vial	PHP 260.00	PHP 26,000.00
2	Atropine 1 mg/ml Origin: <i>Philippines</i>	DMA22-44	600	Ampule	PHP 98.00	PHP 58,800.00
<b>TOTAL AMOUNT:</b>						<b>PHP 84,800.00</b>

You are hereby required to submit the following **within ten (10) calendar days**:

- Contract Agreement Form (Legal Size) for the Public Bidding for the **Supply and Delivery of Drugs and Medicines (Additional) CY 2022**

**NOTE:** The signatory shall be **NOEL V. REYES, MD, FPPA, MMHoA, MEDICAL CENTER CHIEF II**; and

- Notarized Performance Securing Declaration; **or**
- Performance Security in any forms and amount stipulated below:

A. Cash or Cashier's / Manager's Check Bank Guarantee	Five Percent (5%) of the Total Contract Price
B. Surety Bond callable upon demand issued by a surety or insurance company duly certified by Insurance Commission / GSIS	Thirty Percent (30%) of the Total Contract Price

*"There is no Health without Mental Health"*




company duly certified by Insurance Commission / GSIS	
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- **LABELLING:**  
For each box, bottle, and corrugated carton, the following should be a legibility imprint:  
**“Philippine Government Property  
Department of Health  
NOT FOR SALE”**

Failure to provide any of the above-mentioned requirements shall constitute sufficient grounds for cancellation of this Award and forfeiture of the Bid Security.

Truly yours,



**NOEL V. REYES, MD, FPPA, MMHoA**  
Medical Center Chief II 

**CONFORME:**

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date and Time